

FORM NO. 1.

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Abbevilleor  
Inc. Town of Abbevilleor  
City of Abbeville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5578

Registration District No. 1-A Registered No. 21

(For use of Local Registrar)

St.; ..... Ward)

## (2) Full Name of Child

William Donaldson

If child is not yet named make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? No(7) DATE OF BIRTH Feb. 17, 1915  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Will Donaldson

(9) PRESENT POSTOFFICE OF FATHER

Abbeville S.C.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 35  
(Years)

(12) BIRTHPLACE

Abbeville S.C.

(13) OCCUPATION

Furniture Dealer

(20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lilly Brooks

(15) PRESENT POSTOFFICE OF MOTHER

Abbeville S.C.

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE

Greenwood S.C.

(19) OCCUPATION

Laundry

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 11:10 A.M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Patience Plummer(24) State whether Physician or Midwife Midwife Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Mar 23 1915

(28)

J. G. Perine  
Local Registrar

Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia